

**Holland Central School Transportation Department**  
**NON-PUBLIC SCHOOL TRANSPORTATION REQUEST**  
**SCHOOL YEAR \_\_\_\_\_**

**STUDENT INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School Attending \_\_\_\_\_

Transportation Requested: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Both

**FAMILY INFORMATION**

Name (s) of Siblings	Date of Birth	School of Attendance	Grade

Father's Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**PLEASE RETURN THIS FORM TO**

Attention: Jay Peplin  
Transportation Supervisor  
Holland CSD Transportation  
103 Canada St.  
Holland, New York 14080



Phone: (716) 537- 8061

Fax: (716) 537-8237